MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035082

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **632**

STATE FILE NUMBER

FILED SEP 27 1963

DO NOT WRITE ON THIS STUB	AMENDED		
VS 300 Rev. 4/59			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. — SHOULD READ — INSTEAD OF — DOCUMENT — BY AFFIDAVIT OF:

1	0109
2	0270
3	
4	1
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7	0
8	2
9	90.9
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11	
12	3-0
13	3-0

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN: Columbia — Length of stay in 1b: 12 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ellis-Fischel State Cancer — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cooper
c. CITY OR TOWN: Booneville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS: Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First: Dora — Middle: Jane Kissee — Last: Lewis

4. DATE OF DEATH — Month: Sept — Day: 16, — Year: 1963

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan. 10, 1904
9. AGE (last birthday) 59 — IF UNDER 1 YEAR: Months/Days — IF UNDER 24 HR: Hours/Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Bennett, Missouri
12. CITIZEN OF WHAT COUNTRY American

13a. FATHER'S NAME Kissee, Willoughby,
13b. MOTHER'S MAIDEN NAME Kissee, Mary Rudd
14. NAME OF HUSBAND OR WIFE Burl C. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Record — Address: Columbia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Malignant Melanoma* — INTERVAL BETWEEN ONSET AND DEATH: 1 yr / au

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour — a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9/16/63 9 AM to 9/16/63 8 PM 8:00 and last saw her alive on 9/16/63 ... m on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at 8:00 ...

22a. SIGNATURE (Degree or title) *[signature]* M.D. EllisFischel State Cancer Hosp
22b. ADDRESS
22c. DATE SIGNED 9/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 19, 1963
23c. NAME OF CEMETERY OR CREMATORY Dunning Cemetery
23d. LOCATION (City, Town, or County) Poplar Bluff, Mo. R, F. D. (State)

24. FUNERAL DIRECTOR ADDRESS: Goodman & Boller, Booneville, Mo
25. DATE RECD. BY LOCAL REG. Sept 21 1963
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____
           Signature of Student Embalmer

                                             Licensed Embalmer No._____

                                             P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.